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ELECTION CYCLE				-				elbert Hosemann
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	_		LUGICA	CANDELLE STATE		IRSEMEN	TS	
REPORT	L OF	- KEC	A STATE	Tall And			JA	N 0 7 2011
101		Š		The same of the sa	POVELE		Cam	paign Finance
Name of Candidate	SNU	c r	LIH	Per Pu	2	9571		retary of State
Address 23171 Stableus	ad	Circle	Poss	Christia	1/1/Sc	ounty Harr	Ser 1	DANGERDANA
Telephone Work (238) PLS-42	1/2		Home	(228)4	152-01	14 Fax	228/ 10	15-1636
Telephone Work	Boul	RHE	-	C)	Address	1 Books	asis Q a	o- HARRIEN. M.
Contact Name		ر مد	•		•	art DISTA	um Pla	ucr 3
Office Sought Circuit Cour	45	Tudge	10	- Cir	cun U	WIT PISTK	101 / 10	
Check here if above is diff		from pre	vious rep	ort				
								Mandato
May 10, 2010 Periodic Rep	port (January	/ 1, 201	0, through	April 30, 2	2010) _:	***************	otsbandatu
June 10, 2010 Periodic Re	port	(May 1,	2010, 1	hrough Ma	y 31, 201	0):		Mandato
July 9, 2010 Periodic Rep	ort (J	une 1, 2	2010, th	rough June	30, 2010)}	3137	Mandato
October 10, 2009 Periodic	: Rep	ort (Jul	y 1, 201	10, through	Septemb	er 30, 2010)		
October 26, 2010 Pre-Elec	ction	Report	(Octob	er 1, 2010,	through C	October 23, 20	110)	,wiandato
November 16, 2010 Pre-R	unof	i Repor	t (Octo	ber 24, 201	0, through	1 November 1	3, 2010)	Runoff Candidat
January 10, 2011 Periodic Termination Report (Can campaign expenditures an	didate	≥ w/iii nc	ionaet	accept con	TUDUTIOUS	Officials	Required to obligations	Mandato terminate reporting
				IMPORTA	NT			مفعاد المساحد والما
(1) Pre-Election reports are mands shall submit a report indicating	a "u" i	(Zero) K	or total a	THE OF IT	boice as	bliff property and and		
Until a Candidate files a Termin	nation	n Report	, annua	l and period	ic reports	must still be f	iled in accorda	ance with Miss. Cod
Ann. § 23-15-807 (b) (ii) and (lii (3) The receiving authority must b		ctual re	ceipt of	the require	d reports	by 5:00 p.m. or	the reporting	day. If the deadline
(3) The receiving authority must be falls on a weekend or a holiday day before the deadline. Faxe	v. the	описе п	iliter na i	III Actabiled	eipt of the	e required repo	orts by 5:00 p.i	m, on the first worki
					ONE AN	מו ומפון	EMENTS	
1						D DISBURS This Period		Calendar
	iti	emizea	+ Non-	itemized =				Year-To-Date
Total amount of contributions	\$	0	+\$	0	\$			0
Total amount of disbursements	s \$	0	+\$	0	\$	0	\$	0
I After Simpority of Misharsemetry					\$	0_		
Total amount of cash on hand	1							
Total amount of cash on hand	We re	port an	d to the	st of my	/ knowled	ige and belief	it is true, acc	urate, and complet
Total amount of cash on hand	de	port an		best of my	/ knowled		it is true, acc	urate, and complet
Total amount of cash on hand	dev.	unglo	1	1		ge and belief	it is true, acc	urate, and complet

SEND TO: 1. Candidates for Statewids, State district, mutil-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601–359-1499 or 601–576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.